FRO HME
FÉDÉRATION RÉGIONALE DES OSBL D'HABITATION
DE LA MONTÉRÉGIE ET DE L'ESTRIE

REGISTRATION APPLICATION
Applicant Registry

Please return the completed and signed form to:
P.O. Box 28 Mercier, Quebec J6R 2K6
Email: info@frohme.org

Note: For ease of reading, the abbreviation for the Fédération régionale des OSBL d'habitation de la Montérégie et de l'Estrie (FROHME) will be used. For the same purpose, the masculine gender will be used.

INTRODUCTION

You are applying for housing in community housing where people live who are both tenants of their units and collectively responsible for their buildings. It is communally owned. Tenants must participate in the management and maintenance of the organization to reduce operating costs and jointly manage their organization according to their abilities and availability. Please note that a minimum of three (3) hours of mandatory involvement per month will be required, except for certain buildings intended for seniors.

STEPS TO SUBMIT YOUR APPLICATION

❶ CHECK YOUR ELIGIBILITY FOR MOBILE RENTAL ACCOMMODATION (GRANTED)

Yes ❒ No ❒	You are a Canadian Citizen or Permanent Resident
Yes ❒ No ❒	You resided in Quebec (or for certain organizations in the Montreal Metropolitan Community) for a minimum of 1 year during the last 24 months.
Yes ❒ No ❒	You are not a full-time student without dependents.

** Depending on the specifics of the organizations for which you are applying, other eligibility criteria, such as your age or level of independence, may apply. **

Ensure that the gross income of all persons aged 18 and over listed on the application (line 199 of the Provincial Notice of Assessment) does not exceed the following amounts. **Note that these amounts are reviewed annually and may vary from year to year.**

Beauharnois ▪ Châteauguay ▪ Mercier ▪ La Prairie ▪ Pointe-des-Cascades ▪ Saint-Amable ▪ Saint-Constant ▪ Saint-Jean-sur-Richelieu ▪ Sainte-Julie ▪ Saint-Philippe ▪ Varennes			
1 person or couple	2 to 3 people (non couple)	4 to 5 people	6 to 7 people
48 000$	**57 000 $**	**69 000 $**	**87 000 $**
Howick ▪ Rougemont ▪ Sainte-Justine-de-Newton ▪ Roxton Falls ▪ Sainte-Martine ▪ Saint-Rémi			
1 person or couple	2 to 3 people (non couple)	4 to 5 people	6 to 7 people
28 000$	**36 000 $**	**40 000 $**	**44 000 $**
Sorel-Tracy			
1 person or couple	2 to 3 people (non couple)	4 to 5 people	6 to 7 people
33 000 $	**43 000 $**	**48 000 $**	**50 000 $**

Initials: _____

YOU ARE NOT ELIGIBLE IF:

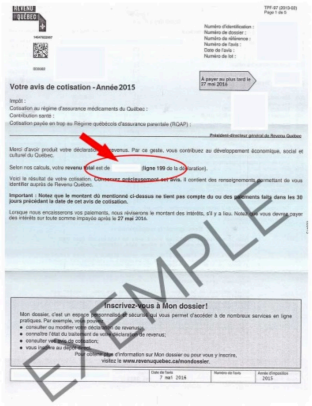
- You or another member of your household is a former tenant of a low-rent (subsidized) unit whose lease has been terminated due to a loss of ownership, non-payment of rent or following another type of decision by the *Tribunal administrative du logement*. This ineligibility is for a period of 5 years from the date of the decision.
- You or another member of your household has a debt towards a low-come (subsidized) property owner.

❷ INCLUDE THE FOLLOWING PROOF OF INCOME WITH YOUR APPLICATION

Detailed previous year's provincial notice of assessment
A photocopy of this document must be provided for any person who 18 years of age or older listed on the application.

*Note that no photocopies will be made on site. No original document can be returned to the sender or picked up on site.

Please be advised that additional photocopies of documents such as birth certificates, child custody judgments, lease, other proof of income, etc., will be requested when a dwelling that meets your search criteria and is available. So, take your advances and have them ready.



❸ SEND US YOUR REQUEST

By mail: FROHME C.P. 28. Mercier (Québec) J6R 2K6
By email: info@frohme.org
Do not forget to initialize all pages of the application form and sign the last page.

IMPORTANT INFORMATION TO READ BEFORE COMPLETING THE FORM

- To ensure the progress of your file, it is essential to provide written updates every year or when there are changes in the composition of your household (birth, death). You must also write us any changes to the eligibility criteria as well as a change of address or telephone number.
- Your application may be considered a priority if you provide supporting documentation from recognized authorities that demonstrates one of the following situations: domestic violence, unsafe or unsuitable housing, affected or expropriated housing.
- Please note that due to a significant reduction in FROHME funding, support for applicants is suspended. As a result, we are no longer able to provide this service to housing applicants. Following the filing of your application, you will receive a written response within the time limits set out in the Regulation.
- **Your application is valid for twelve (12) months from the date of receipt. You must send us your new notice of assessment before September 1 of the year following the filing of your application. Once this deadline has expired, if you need housing, you must reapply.**

Please note that the housing application form is also available on the FROHME website: https://frohme.org

Initials: _____

PRIMARY APPLICANT

First and last name : _____

Phone number: _____ Date of birth (YY/MM/ DD): _____

Other phone number: _____ Ciivl status: _____

Email: _____ Gender: M / F / Other (circle)

LIVING ADDRESS

_____ _____ _____ _____ _____

No Street App. City Postal Code

How long have you lived at this address (Y/M): _____

Previous addresses (fill in if you have lived at your actual address for less then 2 years)

_____ _____ _____ _____ _____ _____ to _____

No Street App. City Postal Code From YY/MM YY/MM

_____ _____ _____ _____ _____ _____ to _____

No Street App. City Postal Code From YY/MM YY/MM

HOUSEHOLD COMPOSITION (list all the people who will be living with you)

First and last name of spouse (if applicable) _____ Gender: M / F / Other (circle)

Phone Number : _____ Date of Birth (YY/MM/DD) : _____

Other people who will be living with you:

First and Last name	Annual Income	Birth Date Y/ M/ D	Gender (M/F/O)	Full time Student	Shared Custody (%)	Relationship to the applicant

The only relatives admissible are: daughter/son, brother/sister, mother/father, caregiver.

PETS

Do you have pets? ❒ Yes ❒ No How much? _____ What type (breed)? _____

If it's a dog, what's its weight? _____

In most organisms, dogs are not allowed, in others, no animals are allowed.

Would you be willing to give up your animals? ❒ Yes ❒ No

Initials: _____

SECTOR CHOICE (check one or more organizations)

FAMILIES AND INDIVIDUALS

City	Check	Organization name
Châteauguay	❒	Aux Baux Soleil
Howick	❒	Vallée des Tisserands
La Prairie	❒	La Petite Prairie
Mercier	❒	Philomène
	❒	Sambault
Saint-Constant	❒	Logis-Ciel
	❒	Trilogis
Sainte-Martine	❒	Vallée des Tisserands
Saint-Philippe	❒	La Gaillarde
Saint-Rémi	❒	La Rémoise
Sainte-Justine-de Newton	❒	CLOD
Sorel-Tracy	❒	Complexe Soleil

PEOPLE AGED 55 AND OVER

City	Check	Organization name
Beauharnois	❒	Auguste-Hébert
Rougemont	❒	Villa Rougemont
Roxton Falls	❒	Manoir des 1000 fleurs
Sainte-Julie	❒	Villa de l'amitié
Varennes	❒	Manoir de Varennes
Pointe-des-Cascades	❒	Société d'habitation Pointe-des-Cascades

PEOPLE WITH REDUCED MOBILITY

City	Check	Organization name
Saint-Constant	❒	PAL
Saint-Jean-sur-Richelieu	❒	Handi-Logement

PEOPLE AGED 65 AND OVER

City	Check	Organization name
Châteauguay	❒	Manoir P. Lanctôt
La Prairie	❒	Balmoral
	❒	HVLP
Saint-Amable	❒	Habitations St-Amable
Saint-Constant	❒	Trilogis
Saint-Philippe	❒	La Gaillarde
Saint- Rémi	❒	La Rémoise

APPLICANT DECLARATION (please check)

❒	I certify that the information provided is true and complete. I authorize FROHME to share this information with community housing managers for rental purposes only.
❒	I acknowledge that any false or incomplete statements on this form or any other document attached to my application may result in the cancellation of my application or my removal from the application registry, the eligibility list, or the withdrawal of a housing offer.
❒	I consent to the information provided being used by the Housing Committee and GRT Rive-Sud for statistical purposes with the sole aim of developing community housing projects.

Signed in **Date** **Applicant's signature**